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COMMISSIONER FOR PATENTS
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BIBDATASHEET

CONFIRMATION NO. 1397

Bib Data Sheet

SERIAL NUMBER 09/398,689	FILING DATE 09/20/1999 RULE	CLASS 710	GROUP ART UNIT 2189	ATTORNEY DOCKET NO. GR98P2610
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APPLICANTS
ARMIN MRASEK, SCHWABSOIEN, GERMANY;

** CONTINUING DATA ***** *NONE*
CEL

** FOREIGN APPLICATIONS ***** *CEL*
GERMANY 198 42 849.9 09/18/1998

IF REQUIRED, FOREIGN FILING LICENSE GRANTED
** 10/12/1999

Foreign Priority claimed 35 USC 119 (a-d) conditions met Verified and Acknowledged	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance <i>CEL</i> Examiner's Signature Initials	STATE OR COUNTRY GERMANY	SHEETS DRAWING 8	TOTAL CLAIMS 6	INDEPENDENT CLAIMS 3
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ADDRESS
LERNER AND GREENBERG P A
POST OFFICE BOX 2480
HOLLYWOOD , FL
330222480

TITLE
METHOD AND CONFIGURATION FOR TRANSMITTING DIGITAL DATA

FILING FEE RECEIVED 890	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Pr time) <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
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SERIAL NUMBER <div style="text-align: center;">09/398,689</div>	FILING DATE <div style="text-align: center;">09/20/99</div>	CLASS <div style="text-align: center;">370</div>	GROUP ART UNIT <div style="text-align: center;">2731 <i>2738</i></div>	ATTORNEY DOCKET NO. <div style="text-align: center;">GR98P2610</div>
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APPLICANT

ARMIN MRASEK, SCHWABSOIEN, FED REP GERMANY.

****CONTINUING DOMESTIC DATA*******
VERIFIED

****371 (NAT'L STAGE) DATA*******
VERIFIED

****FOREIGN APPLICATIONS*******
VERIFIED FED REP GERMANY 198 42 849.9 09/18/98

IF REQUIRED; FOREIGN FILING LICENSE GRANTED 10/12/99

Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ <div style="display: flex; justify-content: space-between; font-size: small;"> Examiner's Initials Initials </div>	STATE OR COUNTRY DEX	SHEETS DRAWING <div style="text-align: center;">8</div>	TOTAL CLAIMS <div style="text-align: center;">6</div>	INDEPENDENT CLAIMS <div style="text-align: center;">3</div>
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ADDRESS

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HOLLYWOOD FL 33022-2480

TITLE

METHOD AND CONFIGURATION FOR TRANSMITTING DIGITAL DATA

FILING FEE RECEIVED <div style="text-align: center;">\$890</div>	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT NO. _____ for the following:	<div style="display: flex; flex-direction: column;"> <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit </div>
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